

**REQUEST FOR INACTIVE CHILD CARE LICENSE STATUS**\_\_\_\_\_  
Facility Name\_\_\_\_\_  
License Number\_\_\_\_\_  
Facility Address

I am requesting that my license be placed on Inactive Status \_\_\_\_\_ to

\_\_\_\_\_  
Ending Date

Beginning Date

I hereby agree to comply with all of the following conditions:

- a. I will not provide licensed child care until my license is reactivated. I am aware that it is grounds for revocation of my license if I operate during inactive status.
- b. I will continue to promptly pay the annual license fee.
- c. I will inform your office of any changes in the above dates prior to re-opening my facility by submitting a new LIC 9211.
- d. I will be in compliance with all licensing laws and regulations upon re-opening my facility, including but not limited to:
  - Ensuring all adult staff and residents, including children who turn 18 during the inactive period, have criminal record clearances
  - Maintaining current CPR and First Aid certifications
  - Maintaining a current fire extinguisher and functioning smoke alarms

(Note: Keep a copy of this form at your facility.)

COMMENTS:

\_\_\_\_\_  
Licensee Name (Print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

To be completed by Licensing office only:

☐ Approved      Licensing Representative Signature: \_\_\_\_\_☐ Denied      Date: \_\_\_\_\_

cc: Local Resource and Referral Agency (The licensing office will send the R&amp;R a copy)